

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10057822

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6		5				
7		5				
8		5				
9	1					
10		1				
11						
12						
13						
14						
15	1					
16		1				
17						
18						
19	1					
20		1				
21	1					
22		2				
23	1					
24						
25						
26						
27	1	4				
28		4				
29		4				
30	1					
31						
32						
33						
34						
35	1					
36						
37						
38						
39	1					
40		1				
41	1					
42		1				
43	1					
44						
45						
46						
47						
48						
49	1					
50		1				
TOTAL IND.	13	↓		↓		↓
TOTAL DEP.	66	↓		↓		↓
TOTAL CLAIMS	82					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52						
53						
54						
55	1					
56						
57	1					
58		1				
59	1	1				
60						
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62						
63						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS